

LFW

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INDICATION FORM**

Application Number	10/809,987
Filing Date	3/26/2004
First Named Inventor	Ornan Gerstel
Title	
Art Unit	2667
Examiner Name	Boakye, Alexander O
Attorney Docket Number	CISCP852

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

54406

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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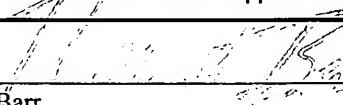
Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature			Date	July <u>12</u> , 2005
Name	Robert Barr	Telephone	(408) 526-4000	
Title and Company	Vice President, Intellectual Property			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.